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**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P33572 (9)**  
1. Corporation Name  
**LAMALIE ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**3903 NORTHDAL BLVD.  
TAMPA FL 33624**      **3903 NORTHDAL BLVD.  
TAMPA FL 33624-1664**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/15/1991**      **06/21/1996**

21	2. Principal Place of Business	2a.	2a. Mailing Address	4.	4. FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>59-2776441</b>	Not Applicable
22	City & State	27	City & State	6.	6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	28	City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	29	Zip	8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MULLIS, HAROLD W JR. 101 E KENNEDY BLVD STE. 2700 TAMPA FL 33602</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARSON, ROBERT L</b>	1.2 NAME	
STREET ADDRESS	<b>1601 ELM STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DALLAS TX 75201</b>	1.4 CITY - ST - ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOHN F</b>	2.2 NAME	
STREET ADDRESS	<b>127 PUBLIC SQUARE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	2.4 CITY - ST - ZIP	<b>44114</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISSMAN, JACK P.</b>	3.2 NAME	
STREET ADDRESS	<b>3903 NORTHDAL BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33624</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNER, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>200 PARK AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	4.4 CITY - ST - ZIP	<b>10166</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, DAVID W</b>	5.2 NAME	
STREET ADDRESS	<b>181 PEACHTREE ST NE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	5.4 CITY - ST - ZIP	<b>30303</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDSON, ARTHUR J</b>	6.2 NAME	
STREET ADDRESS	<b>225 WEST WACKER DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	6.4 CITY - ST - ZIP	<b>60606</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack P. Wissman* **WISSMAN**      1/9/97      813-961-7494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)

12. Officers and Directors	13. Additions to Officers and Directors in 12
D ELLIOTT, MARK P. 127 PUBLIC SQUARE CLEVELAND OH 44114	
D JOHNSON, HAROLD E. 200 PARK AVE NEW YORK NY 10166	